

EXHIBIT F

Messenger High School IEP

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 6
© June 95
D.D.

Student Bryan Messenger **Birthdate** 12-4-81 **Date of IEP** 10-24-96
School Timpview **Primary Language of Parent/Guardian** English

Classification

Note: In conjunction with this IEP, provide parents with a copy of Procedural Safeguards and Prior Notice/Documentation with IEP and Placement sections completed.

Special Education and Related Services

Special Education Program Amount of Time: _____ Daily Weekly

The following related services are required for student to benefit from special education:

_____ Amount of Time: _____ Daily Weekly

_____ Amount of Time: _____ Daily Weekly

Check if transportation will be provided.

Projected date of initiation of these services, if other than date of IEP: _____

Anticipated duration of the services: One year from initiation date, OR Other: _____

Participation in Regular Education programs

Regular Education Program Amount of Time: _____ Daily Weekly

Physical Education (PE) will be addressed through Regular PE OR Modified PE

Other: _____

Transition (Applicable for students 16 and over, or who need transition planning)

- Transition planning will be addressed through the student's Student Advisement Program or SEOP
- Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

— **Maintain current placement of:**

Regular class/resource Special class Special school Home Instruction Hosp./Institution

OR

— **Change current placement** (Complete and attach Documentation of Change of Placement and Prior Notice of change of placement.)

Parent signature signifies participation in the development of the IEP and receipt and understanding of Procedural Safeguards.

IEP Participants

Parent signature*	Date
<u>Jane Ann Messenger</u>	<u>10/24/96</u>
Parent signature*	Date
<u>Bryan M. Messenger</u>	<u>10/24/96</u>
LEA signature	Date
<u>Shadie Shepard</u>	<u>10/24/96</u>
Student signature	Date
<u>Jane Ann Messenger</u>	<u>10/24/96</u>
Teacher's signature	Date
<u>Jane Ann Messenger</u>	<u>10/24/96</u>
Teacher's Signature	Date
Signature	Date

*Note: If parent signature is missing, check below:

- did not attend (document efforts to involve parent)
- participated but refused to sign
- via telephone (copy of IEP/procedural safeguards sent)
- other: _____

IEP Review Participants

Parent signature*	Date
Parent signature*	Date
LEA signature	Date
Student signature	Date
Teacher's signature	Date
Teacher's Signature	Date
Signature	Date

*Note: If parent signature is missing, check below:

- did not attend (document efforts to involve parent)
- participated but refused to sign
- via telephone (copy of IEP/procedural safeguards sent)
- other: _____

Provo School District
Provo, Utah 84604**Individualized Education Program (IEP)**SpEd 6a1
© June 95
D.D.Student: Bryan Munger Date of IEP: 10-24-96**Present Levels of Performance:**

WCT - 4-95
Basic Reading 4.1
Reading Comprehension 8.5
Basic Writing 4.6
Written Expression 8.1

1 Annual Goal: Bryan will increase academic skills

a • Short Term Objective: Bryan will increase basic reading skills by increasing amount of books read each semester

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Teacher record of books read.Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____

b • Short Term Objective: Bryan will increase word decoding skills by reading whole sentences and say "blank" for unknown words, asking for help etc. using dictionary etc.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

as monitored by Bryan, teachers, & parentsStatus: Date Started: 10-24-96 Date Mastered: _____ Other: _____

c • Short Term Objective: Bryan will increase writing skills by keeping a journal daily for reading class, editing write ups for errors himself with mother.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Parent, teacher records, Bryan's self monitoringStatus: Date Started: 10-24-96 Date Mastered: _____ Other: _____

Provo School District
Provo, Utah 84604**Individualized Education Program (IEP)**
(Use multiple sheets as necessary)SpEd 6a2
© June 95
D.D.

Student:

Bryan Messenger

Date of IEP:

10-24-96

2 Annual Goal:

Bryan will increase independent skills

- a • Short Term Objective: Bryan will continue to use a daily planner to record assignments, tests, projects, and check off as completed.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Bryan will self monitor, teacher's records of work completedStatus: Date Started: 10-24-96 Date Mastered: _____ Other: _____

- b. • Short Term Objective: Bryan will participate in job awareness testing in SEOP.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

as monitored by counselling officeStatus: Date Started: 10-24-96 Date Mastered: _____ Other: _____

- Short Term Objective: _____

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: _____ Date Mastered: _____ Other: _____

Provo School District
Provo, Utah 84604**Individualized Education Program Addendum
Transition Planning**SpEd 6c
©June95
D.D.Student Bryan MessengerDate of IEP 10-24-96**POST SCHOOL OUTCOMES**

Describe the student's needs, preferences and interests:

pediatrician, teacher elementary,
enjoys band, interacting with people, little kids

Check possible post school outcome(s) for the student:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Post secondary education | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> Integrated employment
(including supported employment) | <input type="checkbox"/> Adult services |
| | <input type="checkbox"/> Independent living or community participation |

TRANSITION ACTIVITIES/SERVICES

Check the transition activities/services needed to promote movement from school to the post school outcome(s) checked above. Refer to IEP goals or explain how transition activities/services will be provided. Indicate who will be responsible, and why services may not be needed.

• **Instruction:** See student's IEP and/or SEOP.• **Community Experiences:** means experiences outside of school, facilitated by the school and designed to achieve post school outcomes (e.g. shopping, accessing the community, transportation, job sampling).

Experiences that will be provided: See IEP goal(s) #

or list experiences:

Rides a bike, will learn to ride MTAAgency responsible: School District Other _____

OR Statement explaining why service is not needed:

 Functions independently in the community. Other _____• **Employment Objectives:** means objectives designed to prepare the student for employment.

Post School Adult Living: means objectives designed to prepare the student for post school adult living.

Employment objective: See IEP Goal(s) #

Agency responsible: School District Other home

Post school adult living objective: See IEP Goal(s) #

Agency responsible: School District Other _____

OR Statement explaining why service is not needed:

 Student is adequately prepared for employment. Student is adequately prepared for post school adult living. Other can cook, clean house, is learning to do laundry• **Acquisition of Daily Living Skills:** means skills that prepare the student for daily living. See IEP Goal(s) #Agency responsible: School District Other home Not Appropriate• **Functional Vocational Evaluation:** means an assessment of student's vocational aptitudes and skills for a supported employment setting.Agency responsible: School District Other _____ Not Appropriate

If the student did not participate in this plan, indicate the steps taken to ensure the student's preferences were considered.

If a representative of an agency responsible for providing an activity did not participate, indicate the steps that will be taken to obtain the participation of the agency.